## RIVERVIEW CHURCH

rivchurch.com

## **PARENTAL CONSENT FORM**

PAREINTAL CONSENT FORM			
Participant's name	A	sge D.O.I	В
Street Address			
City	State	Zip Code	<u> </u>
Parent/Guardian's Name & Phone #			
Allergies or Medical Conditions:			
TO WHOM IT MAY CONCERN: I, the undersigned parent or legal guardian do h to attend and participate in Riverview Church's	·	=	
I authorize an adult, in whose care the minor had an esthetic, medical, surgical, or dental diagnost due to the general or special supervision and or or treatment is rendered at the office of said physical supervision.	is or treatment, and hospit n the advice of any physicia	tal care, to be rende	ered to the minor
The undersigned shall be liable and agree(s) to medical and dental services rendered to the afor necessary for our (my) child to return home due all transportation costs.	prementioned child pursua	ant to this authoriza	ation. Should it be
The undersigned does also hereby give permiss whose care the minor has been entrusted while Church.		-	-
The undersigned does also hereby give permiss RivChurch.com, Riverview Church's Facebook p be used to promote Riverview Church ministries	page, or similar web pages.	Any photographs of	or videos will only
SIGNATURE:			
Parent / Legal Guardian:	Date:		